



South Carolina Department of Insurance

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Columbia, South Carolina 29223

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MARK SANFORD
Governor
ELEANOR KITZMAN
Director of Insurance

Consent to Rate Application

Name of Insured: _____
(Last) (First) (MI)

Address of Insured:

(Street)

(City) (State) (Zip Code)

Name of Insurer: _____

Policy No.: _____ Effective Date: _____

Expiration Date: _____ Line of Business: _____

Amount of Coverage: _____ Premium Charged: _____

How were ratios calculated from approved filings?

Reason for application:

Agent's Signature

Date

Applicant's Signature

Date